



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002756

[REDACTED]

Dear [REDACTED],

On June 11, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 17, 2015 and May 7, 2015 eligibility determinations.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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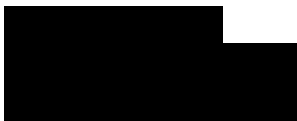


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## Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002756



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that you were not eligible for Medicaid, effective June 1, 2015?

## Procedural History

On March 8, 2015, the Marketplace sent you a renewal notice, advising you that it could not make a determination on your eligibility for financial assistance because it needed more information. It stated you should update your account by April 15, 2015, or the financial assistance you were receiving might end.

Your account was not updated by April 15, 2015.

On April 16, 2015, the Marketplace reran your eligibility, noting that your annual household income was \$14,368.12.

On April 17, 2015, the Marketplace issued a notice of eligibility determination, stating that because you had not responded to the renewal notice and updated your account by April 15, 2015, you were no longer eligible for financial assistance or to enroll in health insurance through the Marketplace. You were subsequently disenrolled from your coverage effective April 30, 2015. The notice also stated that you could request an appeal of this determination.

On May 6, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of the eligibility determinations insofar as they found that

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you were not eligible for Medicaid and disenrolled you from your Medicaid managed care plan.

Your account was updated on May 6, 2015; in that application you attested to annual expected earnings of \$17,640.00, which included \$6,396.00 in unemployment benefits and \$11,244.00 in Social Security Title II benefits. Based on this information the Marketplace prepared a preliminary eligibility determination that stated you were temporarily eligible for up to \$312.00 per month in advance premium tax credits (APTC) and, if you enrolled in a silver level health plan, cost-sharing reductions (CSR).

On May 7, 2015 and on May 12, 2015 the Marketplace issued eligibility determination notices that stated you were conditionally eligible to receive up to \$312.00 in APTC and, if you enrolled in a silver level health plan, CSR. This eligibility was effective June 1, 2015. The notices also stated that you were not eligible for Medicaid because your income was over the allowable limit. The notices asked you to provide documentation to confirm your income before August 4, 2015.

On June 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open until June 26, 2015 to provide you an opportunity to provide a statement of payments from unemployment insurance benefits and earnings records from March 2015 forward.

You submitted additional documents regarding your income on June 15, 2015, and the record was closed on June 26, 2015.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You elected to receive notices from the Marketplace by mail.
- 2) You testified that you did not receive the renewal notice telling you it was time to update your account, and that you did not know your enrollment in Medicaid was terminated until you sought medical treatment. Had you received such a notice, you would have responded to it.
- 3) Although other notices were returned to sender, the renewal notice was sent to your full address and was not returned to the Marketplace.
- 4) You testified that you are widowed, and expect to file your 2015 taxes with a tax filing status of single. You will claim no dependents on that tax return.

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- 5) You testified that you receive \$937.00 per month in Social Security survivor's benefits.
- 6) You testified that you were laid off on March 19, 2015, and that you did not receive any unemployment benefits in March; this was confirmed by the documents you have submitted.
- 7) You submitted two paystubs from your old employer ( [REDACTED] ) for payments you received in March 2015 that totaled \$2,562.00. The paycheck you received on March 23, 2015 was for a pay period that included March 19, 2015, your last day of work, and it was therefore your last paycheck from [REDACTED] (Appellant's Exhibit #1).
- 8) You submitted one pay stub from your new employer for a gross payment of \$467.50 that you received on June 3, 2015. Your gross year to date earnings from that employer were \$610.00 as of June 3, 2015. The letter you submitted with your pay stubs indicated that you had only one other check from that employer in May, but that you could not find this first paystub with your new employer; however, your records show that the gross amount of that one prior paycheck was \$142.50. Your letter also indicated that you were currently working three days per week, seven hours per day, at \$10.00 per hour (Appellant's Exhibit #1).
- 9) On June 15, 2015, you submitted your Official Record of Benefit Payment History regarding your unemployment benefits as of June 11, 2015. It indicated that your benefit year started on April 6, 2015, and would expire on April 10, 2016; the maximum amount payable during that year is \$6,590.00. The first check was released on May 1, 2015, and your total payments as of the payment made on June 8, 2015 total \$1,464.75. Your last three payments were for one benefit day per week, or \$61.75 per check (Appellant's Exhibit #1).
- 10) You testified that your unemployment benefit payments decreased because you began working a few days per week.
- 11) Your application states that you live in Kings County.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

### Medicaid

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the Federal Poverty Level (FPL) "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Financial eligibility for Medicaid for applicants who *are* currently receiving Medicaid benefits financial eligibility may be based either on current monthly household income and family size or income based on projected annual

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household income and family size for the remainder of the current calendar year (42 CFR § 435.603(h)(2), *but see* SPA 13-0055-MM3, as approved March 19, 2014).

## **Legal Analysis**

The issue is whether the Marketplace properly determined that you were no longer eligible for Medicaid and properly disenrolled you from your Medicaid managed care plan, effective April 30, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually, and must provide the individual with notice of the need for the redetermination. The Marketplace's March 8, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage in 2015, and that you needed to supply additional information by April 15, 2015, or your financial assistance might end.

Because the Marketplace did not receive a response to this notice, which was not returned to the Marketplace as undeliverable, your eligibility was properly ended, and the April 17, 2015 and May 7, 2015 eligibility determinations are **AFFIRMED**.

However, you have since submitted additional documentation regarding your monthly earnings in April 2015, when the Marketplace reran your eligibility.

The evidence you have provided indicates that your sole income in April 2015, the month in which your account should have been updated, was \$937.00 from your Social Security benefits. Your last paycheck from your old employer was issued in March 2015, and your first paycheck from your new employer was not received until May 2015. Your first unemployment check did not arrive until May 1, 2015.

Since financial eligibility for Medicaid may be based on current monthly household income and family size, and you have timely filed an appeal of the termination of your Medicaid eligibility, the case should be returned to the Marketplace for a redetermination of your eligibility as an individual living in a one-person household in Kings County, with monthly earnings in April 2015 of \$937.00.

Therefore, the matter is returned to the Marketplace for a redetermination of your eligibility as of April 15, 2015, for an individual living in a one-person household in Kings County, with monthly earnings in April 2015 of \$937.00.

## **Decision**

The April 17, 2015 and May 7, 2015 eligibility determinations are AFFIRMED.

However, the matter is returned to the Marketplace for a redetermination of your eligibility, as an individual living in a one-person household in Kings County, with monthly earnings in April 2015 of \$937.00.

**Effective Date of this Decision:** August 21, 2015

## **How this Decision Affects Your Eligibility**

This is not the final determination of your eligibility; your case is being sent for a redetermination.

You temporarily remain eligible for up to \$312.00 in advance premium tax credits and cost-sharing reductions, pending this redetermination.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

## **If You Have Questions about this Decision (Customer Service Resources):**

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You can contact us in any of the following ways:

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## **Summary**

The April 17, 2015 and May 7, 2015 eligibility determinations are AFFIRMED.

However, the matter is returned to the Marketplace for a redetermination of your eligibility, as an individual living in a one-person household in Kings County, with monthly earnings in April 2015 of \$937.00.

This is not the final determination of your eligibility; your case is being sent for a redetermination.

You temporarily remain eligible for up to \$312.00 in advance premium tax credits and cost-sharing reductions, pending this redetermination.

## **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

**A Copy of this Decision Has Been Provided To:**

